

City of Gahanna Department of Parks & Recreation SWIM TEAM REGISTRATION

	wimmer this year and swim team through
the	family!

Gahanna Department of Parks & Recreation, 200 S. Hamilton Rd, Gahanna, OH 43230

Adult Name (Parent or Gua	rdian): Last						First				
Address											
City					Zip			E-mail _			
ome Phone			Work Phone					Emergency Phone			
Participant Name Bir	Birth Date	M/F	Program #					Section	T-Shirt Size	Program Title	Fee
			1	4	2	5	1	A		HRP Swim Team	
			1	4	2	5	1	A		HRP Swim Team	
			1	4	2	5	1	A			
		ı								Total =	=
swi	m season. The	e charged volunted	<i>Pl</i> I via cas er fee is	sh or care refunda <u>Volu</u> <u>su</u>	e check d per h ble upo inteers iccess	s payable ousehol on comp are ess of the sy	d and is letion o ential to	of Gahanna. refundable f volunteer i o the	upon com	ents \$105 pletion of volunteer hours for nts after the season.	[*] the 2018
Please bill my cred	it card (circl	le one):	MC V	ISA AI	MX D		e of Car	dholder	Accoun	t Number	Exp. Date
Security Code											•
idministrators, acquit, disc actions, claims, causes of a and all personal injury or p egistration and related dep	harge and coven actions, claims de roperty damage partment policies sons or objects fo	nant to hole emands, do which man s, including or any and	d harmle amages, y result t g the righ I all purp	ss the Cit costs, los o me as a nt to use r oses, incl	cy of Ga ss of ser a result my or m	hanna, it vices, ex of partici ny child's	s success penses a pation in photogra	ors, its officer nd compensat the aforemen ph or image v	s, employee ions, on or a tioned activ vith or with	for myself, my heirs, executors, es, servants, and agents of and fraccount of or in any way growing ity. I/We have read and agree to but my child's name, both single ations, advertising, publicity and participates.	rom any and al g out of any o the and in
22 1121 9112 111, P311		J 5.P.1.5 00						signatur	e		date